



**CITY OF LODI**  
**COMMUNITY DEVELOPMENT DEPARTMENT**  
**P.O. Box 3006**  
**221 West Pine Street**  
Lodi, California 95241-1910  
(209) 333-6711

## UNIFORM APPLICATION

### GENERAL INFORMATION REQUIRED (Print or Type)

Applicant's Name	Phone	<b>(Staff Use Only)</b> File Number:   Related Files:
Address		
Location of Project (Address)		
Legal Description of Project Location (Assessor's Parcel No.)		
Legal Owner's Name (as listed in the San Joaquin County Assessor's records)		Phone
Address		

### Type of Review Requested [Please Check Applicable Box(es)]

- |   |   |  |                                      |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> Administrative Deviation | <input type="checkbox"/> Lot Line Adjustment/ Merger        | <input type="checkbox"/> Specific Plan             | <input type="checkbox"/> Variance    |
| <input type="checkbox"/> Development Agreement    | <input type="checkbox"/> Planned Development (PD)           | <input type="checkbox"/> Tentative Parcel Map      | <input type="checkbox"/> Zone Change |
| <input type="checkbox"/> Development Plan         | <input type="checkbox"/> Sign                               | <input type="checkbox"/> Tentative Subdivision Map | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> General Plan Amendment   | <input type="checkbox"/> Site Plan and Architectural Review | <input type="checkbox"/> Use Permit                | _____                                |

### Project Description

*Detailed Description of Proposed Project (Attach Additional Sheets if Necessary)*

### INCOMPLETE APPLICATIONS

The completeness of this application, which includes accompanying plans, shall be subject to the review of the Community Development Department. Applications for any of the above listed actions, and other actions as deemed necessary by the Community Development Director, shall be considered incomplete pending completion of the plan review process.

### Owner Certification

I certify that I am presently the legal owner of the above described property. Further, I acknowledge the filing of this application and certify that all of the above information is true and accurate. (If the undersigned is different from the legal property owner, a letter of authorization must accompany this form).

Date	Signature
Print Name and Title	

Date Time Received	Received By	Project/Receipt No.
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